



This form must be completed and returned before camp enrollment dates in order for the attendee to be permitted to participate in any academy activities.

PERSONAL INFORMATION

Last Name _____ First _____ Birth Date _____ M F

Address _____ City _____ Zip _____

Home Phone _____ Email _____

Parent/Guardian _____ Parent/Guardian _____

Daytime Phone _____ Daytime Phone _____

Place of Employment _____ Place of Employment _____

Health Insurance Carrier _____ Policy Number _____

Physician Name _____ Address _____

Phone Number _____ Physician Authorization needed? _____

In case of emergency, please notify _____

If neither parent nor guardian is available in an emergency, please contact

1. _____ Daytime Phone _____

2. _____ Daytime Phone _____

Is there any illness, injury or limitation we should be made aware? _____ Medication Required? _____

IF MEDICATION IS REQUIRED, IT MUST COME IN THE ORIGINAL CONTAINER WITH USAGE/DOSAGE AND INSTRUCTIONS CLEARLY PRINTED ON LABEL. A DOCTOR'S NOTE AND PARENT'S NOTE MUST ALSO BE PROVIDED.

CONSENT FOR MEDICAL TREATMENT

I do hereby authorize that all of the above information is correct and that my child is fully able to participate in all YALE activities without need of individual or specialized attention or medical regiment. I agree to notify YALE of any changes in my child's physical or mental health between the dates of enrollment and the start of the academy as well as during the academy. I hereby consent and authorize the administration of all medical treatments advisable or necessary under the judgment of academy directors, instructors or staff, emergency room physicals or any other clinical physician with the understanding that I will be notified as soon as possible.

Name _____ Relationship _____

Signature _____ Date _____ Phone _____

Please mail completed form to:
YALE Academies, 3095 Yerba Buena Rd, San Jose, CA 95135 or FAX (408) 238-0286
For more information, please call (408) 270-6483

Which organization referred your child to YALE? _____

Your Child's shirt size _____